

**APPLICATION DATA SHEET****Application Information**

Application number::  
Filing Date:: 01/04/02  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: No  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: No  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: SPINAL NEEDLE SYSTEM  
Attorney Docket Number:: 170134.401  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 9  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency:: No  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Vincent  
Middle Name:: E.  
Family Name:: Bryan  
Name Suffix::  
City of Residence:: Mercer Island  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 4624 E. Mercer Way  
City of mailing address:: Mercer Island  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98040

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alex  
Middle Name::  
Family Name:: Kunzler  
Name Suffix::  
City of Residence:: Issaquah  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 22748 S.E. 43 Court

City of mailing address:: Issaquah  
 State or Province of mailing address:: WA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 98029

### Correspondence Information

Correspondence Customer Number :: **00500**

### Representative Information

Representative Customer Number::		<b>00500</b>
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### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

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